



Parent Permission Form

I, _____, the parent/guardian of
(parent/guardian's name)

_____, permit them to participate in the
(youth's name)
Fairfax Mentors Project. I have read and understand the rules, regulations, and structure of the Program.

I understand that the people who serve as mentors in the Fairfax Mentors Project are adult volunteers from the community who have been carefully screened by the organization. The meetings between my child and their mentor will take place both at the site of the program and off-site. All contacts between them are scheduled, monitored by a Case Manager, and evaluated. Any additional contacts between the mentor and my child must be scheduled in advance and be approved by me. I also give permission for

_____ to release a copy of my child's report card
(name of school)
for program evaluation purposes. I understand that all information regarding my child will be kept strictly confidential.

I reserve the right to withdraw my child from the program at any time.

Parent/Guardian Signature

Date

Contact Info:

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Project Coordinator
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